Focusing on Patient Flow Analysis:

A Candid Look at Managing WIC Clinics

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Bureau of Nutrition Services
Texas Department of Health
July 1999

A WIC Reference Guide

Texas Department of Health
Bureau of Clinical and Nutrition Services
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Acknowledgments

This manual is presented to help generate ideas for and raise awareness about clinic flow, thus improving customer service and efficiency. Most theory in this manual has been adapted from Centers for Disease Control and Prevention material. The clinic data however, comes from Texas WIC Clinics who have conducted PFA studies. The Bureau of Clinical and Nutrition Services wishes to express appreciation to all those clinics who have conducted Patient Flow Analysis (PFA) studies. Although not all data was used, it is through your efforts that the clinic information included in this manual is available.

Introduction

Providing a recipe which will yield an efficient and effective WIC clinic is difficult due to the many factors that affect the clinic flow– factors like appointment systems, clinic procedures, facility layout, clinic location, staffing patterns and assignments, team work, and participant issues such as unreliable transportation. No “cookie cutter” approach can be applied to the delivery of nutrition or any other health service. But this manual will document what patient flow analysis indicates will make a WIC clinic both efficient and effective. It will hopefully suggest new ideas that your clinic can try to improve performance and customer service.

The Reader

Any WIC professional or support staff person may find this manual helpful. It may be especially useful for the following staff:

- Patient Flow Analysis Study Coordinator
- WIC Director
- Health Department Director or Administrators
- Administrative Support Staff
- Clinic Supervisor
- Office Manager
- Competent Professional Authority
- Certification Specialist
- Community Service Aide

What the Manual Will Present

The manual has 3 main purposes. First, it will present PFA data from what have been defined as efficient Texas WIC clinics. Clinics presented are a variety of sizes and are located in rural, suburban, and large cities. Second, it will provide additional data on average certification (initial and subcertification) times in order to give other Texas WIC clinics comparative numbers. Third, it will provide guidelines for clinic management as it relates to PFA. Additionally, the major factors that affect the clinic flow will be explained in detail.

Organization of the Manual

Two sets of clinic data are presented. The first set in Chapter I addresses clinics defined as "efficient" while the other in Chapter 2 provides additional information on average certification times in a wider cross-section of clinics.

How were the efficient clinics presented here chosen? They were selected because their PFA study data shows a closer balance between the percentage of time participants spent receiving services (contact with staff personnel) and the percentage of staff time spent serving participants than in other clinics sampled. This balance will be discussed later.

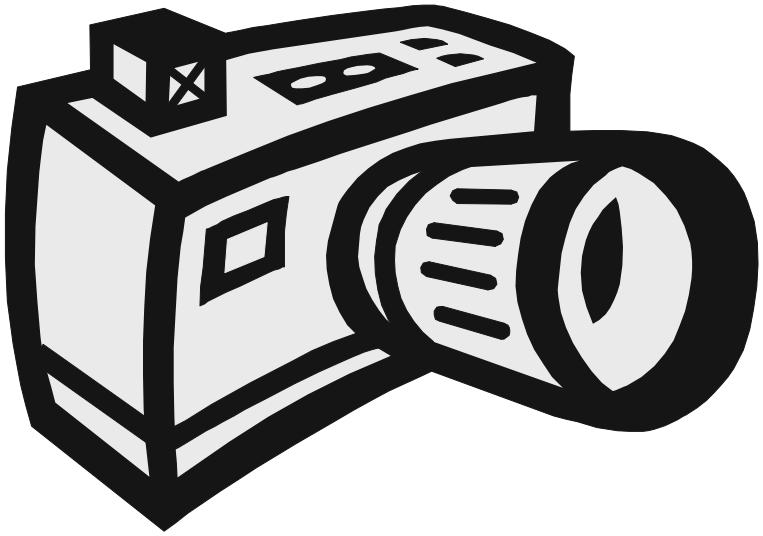
From these clinics common characteristics which may make them efficient will be extracted and elaborated on. Two things common to all these clinics are appropriate scheduling of participants and dedicated teamwork. Other characteristics which bring efficiency are adequate "no-show" interventions and a variety of time and energy-saving techniques.

What the Manual Will Not Present

This manual will not provide any recommended staff to participant ratios nor suggested staffing patterns. Those decisions should be made by each local agency. A rule of thumb designating one CPA per 1000 participants and one clerical staff person per 500 participants served has been suggested. But, because every clinic is unique, and because double and triple issuance of vouchers have reduced the number of staff needed in some clinics, this staffing formula may not be always optimal.

Likewise, this manual will not provide any recommended salary costs suggestions, as these costs can vary from agency to agency due to a number of factors, including which staff is designated to collect anthropometric data, how frequently food vouchers are issued, and whether the clinic certifies more women, infants, or children in higher or lower priorities.

The certification times that are presented in this manual are not recommended as always optimal. They are averages that currently exist in the clinics presented in this manual. Remember that PFA is not a monitoring tool. The averages presented here **should not** be used as bases for individual performance evaluation.



Chapter 1:

Candid PFA Data from the Efficient Clinics

Description of the Five Clinics

Listed in table 1 on the following page are five various sized clinics located throughout Texas with some background information from each.

Column *1* identifies the clinic by a letter.

Column *2* shows the number of certified participants.

Column *3* indicates city population of the clinic location.

Columns *4-6* show services provided in the clinic, hours of operation, and frequency of food voucher issuance.

Column *7* represents the percentage of time that participants spent with staff while in the clinic.

Column *8* represents the percentage of time that staff spent with participants during their defined work period or work day.

Data used for the last two columns was collected during PFA studies.

Table 1: Five Clinics							
1	2	3	4	5	6	7	8
Clinic	Number of certified participants (pts.)	City Population of clinic location	Services provided	Hours of operation	Food voucher issuance	% of pt. time spent with staff	% of personnel time spent with pts.
✦ A	3,001 - 3,500	Large City Pop. > 1 million	Freestanding clinic	Full Time clinic	double	46%	47%
B	2,501- 3,000	Mid size city: Pop > 30,000	Co-located with health department	Full time clinic	double	77%	41%
C	under 1,001	Suburban City: > 25,000	Integrated services with Health Dept.	0-19 hours week	double	49%	50%
D	1,501 - 2,000	Mid size city: > 25,000	Co-located with health department	Full time clinic	double	70%	39%
✦ E	1,501 - 2,000	Rural city: > 7,000	Co-located with health department	Full time clinic	tripled	79%	40%

✦– These clinics simultaneously conduct certifications and classes.

A Snapshot of Patient Time and Staff Time

This manual highlights the PFA data from these five various-sized clinics because they manifest impressive patient and personnel contact. Closer balance exists between the time participants spent receiving services (contact with staff personnel) and the time staff spent serving participants than in other clinics surveyed. *Three of the clinics performed certifications only on the day PFA data was collected and two performed both certifications and classes.*

Focusing on the participant's time in the clinic (Column 7)

How much time should participants spend in the clinic receiving services? Participants surveyed in public health facilities indicate that good customer service is perceived when at least **50%** of their time is spent in contact with clinic staff receiving services. Texas WIC has suggested that the average participant should spend no more than ninety minutes in a clinic during certification. However, even if participants spend more than that, they leave feeling that they received good customer service if at least 50% of that time was spent with clinic staff. Conversely, participants who are certified and receive food vouchers in the recommended 90 minute time frame can still leave feeling disgruntled if more than a majority of that time is spent waiting.

Considering this information, column 7 of table 1 shows that in clinics B, D, and E, clients probably felt that they had received good customer service because they spent well over the recommended 50% of their time in the clinic in face-to-face contact with staff. In clinic B clients spent 77% in face-to-face contact, in clinic D they spent 70%, and in clinic E they spent 70%. Even Clinics A at 46% and C at 49% came close to the recommended 50%.

Focusing on the staff time in the clinic (Column 8)

How much of the staffs' time should be spent rendering services or in direct contact with participants? To be cost effective, the clinic team should aim for an average of **55-65%**, as recommended for family planning clinics by the Center for Disease Control and Prevention.

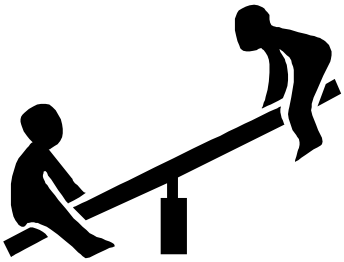
Although none of the five WIC clinics shown here reached this goal, Clinic C came closest, making it Texas' most cost effective WIC clinic in this manual, as staff spend 50% of their time rendering services. This does not mean that each staff member renders services at this percentage, but instead represents an average time for all staff.

The other clinics in Column 8 from table 1 can be analyzed as well. The remaining four clinics (A, B, D, and E) range in efficiency from 39% to 47%. These clinics were selected from a representative sample as having the highest percentages statewide in this area, highlighting this as an area of concern for Texas. Clinics whose percentage falls below the recommended 55% are not maximizing their staff potential. These clinics have the potential (or staff) to certify or see more participants or spend more time with current participants

and not rush them out. The lower this percentage, the higher the number of potential participants that can be seen.

These percentages represent face-to-face contact time staff have with participants—not that staff is not busy. Time is needed to perform tasks associated with a participant and necessary for service delivery, although currently not captured. Also, PFA does not measure what is being done during the time the staff is not serving participants. Clinic supervisors should be aware of the tasks performed during this time. If this time is not used efficiently, or not used at all, it can impact the participants' time in the clinic. For example, staff should use this time to file, assemble packets, restock materials, etc., so that they are not running around the clinic trying to locate items during the times participants are there.

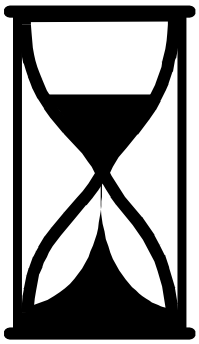
Balancing the two (participants time and staff time)



How do you balance the two percentages? Participants in clinic B, for example, spend 77% of their time in contact with staff (only 23% of their time is spent waiting). Staff, however, spend only 41% of their time with participants. The time that participants spend in the clinics with staff is 27% above the recommended 50%, while the time staff spends in contact with clients is 14% below the recommended 55%. This indicates that there is enough staff time to see more participants and not jeopardize the current customer service standard since time spent with participants is well above the recommended average.

Clinic C is much closer to balancing the two percentages. Participants in this clinic spend 49% of their time in the clinic with staff, only 1% below the recommended average. The staff spends 50% of their time in contact with participants, only 5% below the recommended average. The use of the participants' time in the clinic and the staff time in the clinic both appear to be productive and cost effective. Participants leave the clinic feeling that they did not have to wait and the staff spend enough time providing services to participants to be efficient and cost effective. The clinic is very close to maximizing its staff's potential.

Wait time



According to a study appearing in the *Journal of the Medical Association* and according to *Patient Satisfaction: A Guide to Enhance Practice*, the most disliked feature of an office visit is "wait time." The Texas WIC marketing study conducted by Best Start, Inc. (1994), confirmed that one-half of the respondents believed that a WIC visit required waiting too long. Also, "long wait times" was one of the barriers identified by WIC participants for not keeping their one-to-five year old children on the WIC program in research conducted by the Texas WIC State office staff (1998).

What is an acceptable waiting time? While the total time in the clinic may vary, the longest acceptable time to keep participants waiting between station stops is 15 minutes. For example, Mary Jones may go from income screening to weighing and measuring in 8 minutes. But her total time in the clinic may vary depending on how many stops she makes. After 15 minutes, participants should be given an explanation and a reason for the delay.

A smooth, streamlined, efficient clinic respects the participants' time. Is there a long wait for an appointment? Is there a long wait to see the nutritionist? Do participants' charts get misplaced and cause a long wait between stops? All of these examples signal system problems that can leave participants with a bad impression of a clinic. Exceptional "people skills" can be short-lived unless the system can support them.

Close-ups of the Five Clinics

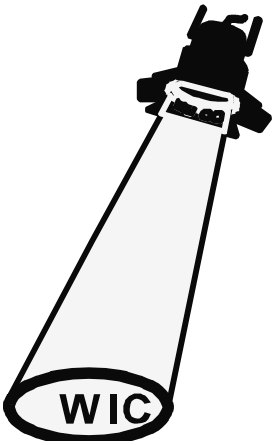


Table 2 (on pages 15–16) provides a more detailed look at Patient Flow Analysis statistical data taken from the five clinics.

Column *1* identifies the clinic by the letter designation given it on page 7.

Column *2* provides information on the number and type of staff.

Column *3* presents a ratio of number of staff compared to number of participants served for the day the PFA study was conducted.

Column *4* indicates the number of participants served.

Columns *5* and *6* provide the number of appointments made and the show rate for the day respectively. (Information on appointment systems and show rates will be discussed in the "Working Smarter Not Harder Section" of this manual.)

Column *7* provides information on the time in the clinic for the average participant.

Column *8* gives the percentage of time that staff spent in contact with participants during their work period.

Column *9* breaks down some of the visit types and furnishes information on the time spent in the clinic in regards to the visit type.

Close-ups on participants' total time in the clinic

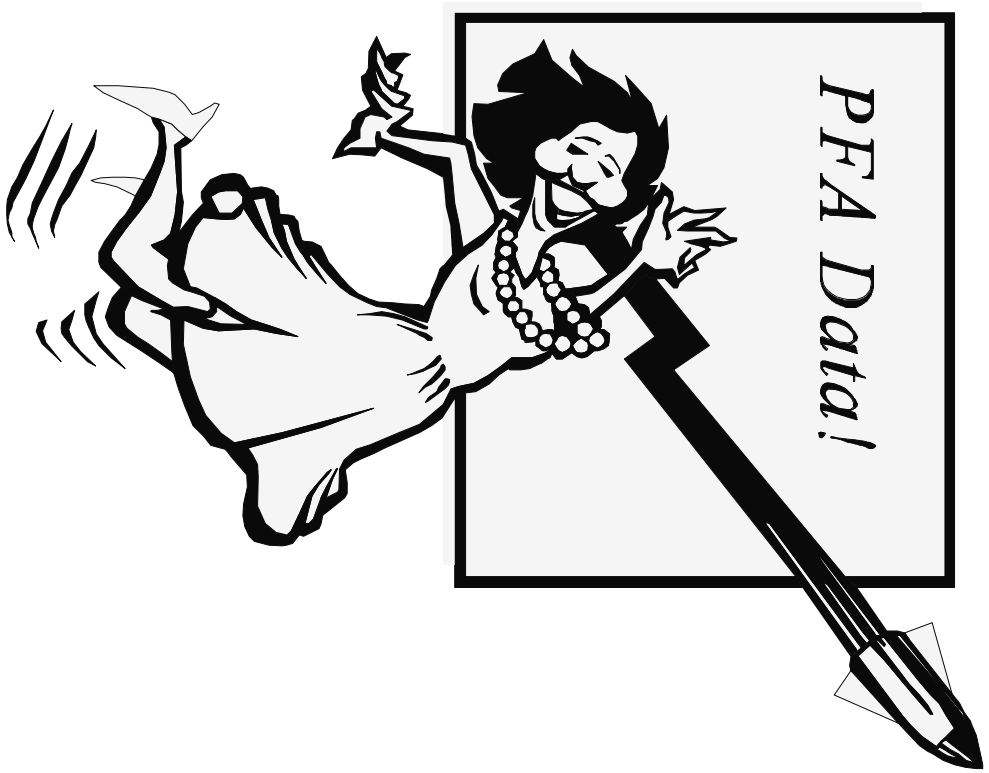
As recommended on page 11, participants should spend less than 90 minutes on average in the WIC clinic. The average time a participant spends in these clinics is reflected in column 7b. All five of these clinics serve the participant within an average time of 90 minutes; however, all visit types are not served within 90 minutes as shown in **Column *9a***. Clinic A's Initial Certifications take an average of 125 minutes. The service time is 52 minutes (**Column *9b***) and the waiting time is 73 minutes (not shown). Subcertifications in Clinic A take 113 minutes; receiving nutrition education class and vouchers only takes 78 minutes. Because more participants attended class on the day of the PFA study than were certified, the total average time in the clinic was decreased.

Clinics' PFA Data: Activity completed in an 8 hour day

Table 2

1. Clinic	2. Clinic Staff Makeup			3. Staff : Pt. Ratio	4. Pts Served (Cert or Midp)	5. Appts. Made during an 8-5 day. (C is 8-12)	6. Show rate for day	7. Participant Oriented Data			8. % of personnel time spent serving pts.	9. Pts. Time in the clinic by visit type and time receiving services.		
	a. CPA	b. Lab	c. Clerks					a. % of time spent with staff	b. Avg. time in clinic (min)	c. Time spent waiting (min)		I - Initial Certification S - Subcertification		
												a. Total Time (min)	b. Service Time (min)	c. % time spent with staff
A.	2 Nut.	1 LVN	6 clerks 1 BF peer cnslr	1: 9.3	Certs-41 6 Classes 52 families	127	76%	46%	86	46	47%	I-125 S-113 C-78	I- 52 S- 46 C- 41	I- 42% S- 41% C- 53%
B.	1.5 LVN's	1 LVN	4	1: 4.72	33	50	77%	70%	69	21	41%	I- 89 S- 68	I- 60 S- 48	I- 68% S- 71%
C.	1 Nut.		2	1: 4.34	13	13	100%	49%	61	31	50%	I- 73 S- 61	I- 39 S- 34	I- 53% S- 55%

Clinic activity included certifications and classes


PFA Data!

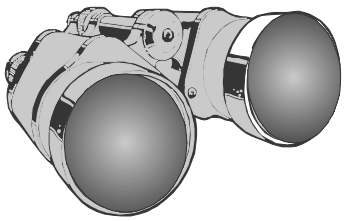
(Continued) Clinics' PFA Data: Activity completed in an 8 hour day

Table 2 (continued)

1.	2. Clinic Staff Makeup			3.	4.	5.	6.	7. Patient Oriented Data			8.	9. Pts. Time in the clinic by visit type and time receiving services.		
	a.	b.	c.					a.	b.	c.		I - Certifications S - Subcertification C- Class		
Clinic	CPA	Lab	Clerks	Staff : Pt. Ratio	Pts Served	Appts. Made during an 8-5 day	Show rate for day	% of time spent with staff	Avg. time in clinic (min)	Time spent waiting (min)	% of personnel time spent serving pts.	a. Total Time (min)	b. Service Time (min)	c. % time spent with staff
D.	2 LVN's		2	1: 4.8	24	34	76%	70%	51	15	39%	I- 75 S- 60	I- 54 S- 39	I- 72% S- 65%
E.	3 LVN's		1	1: 11.75	Certs-19 Class-28 families	64	73%	79%	32	7	40%	I- 65 S- 40 C-33	I-56 S- 29 C-26	I-86% S- 72% C-80%

Clinic activity included certifications and classes

Closer Look at the Participant's Time Spent at Stations



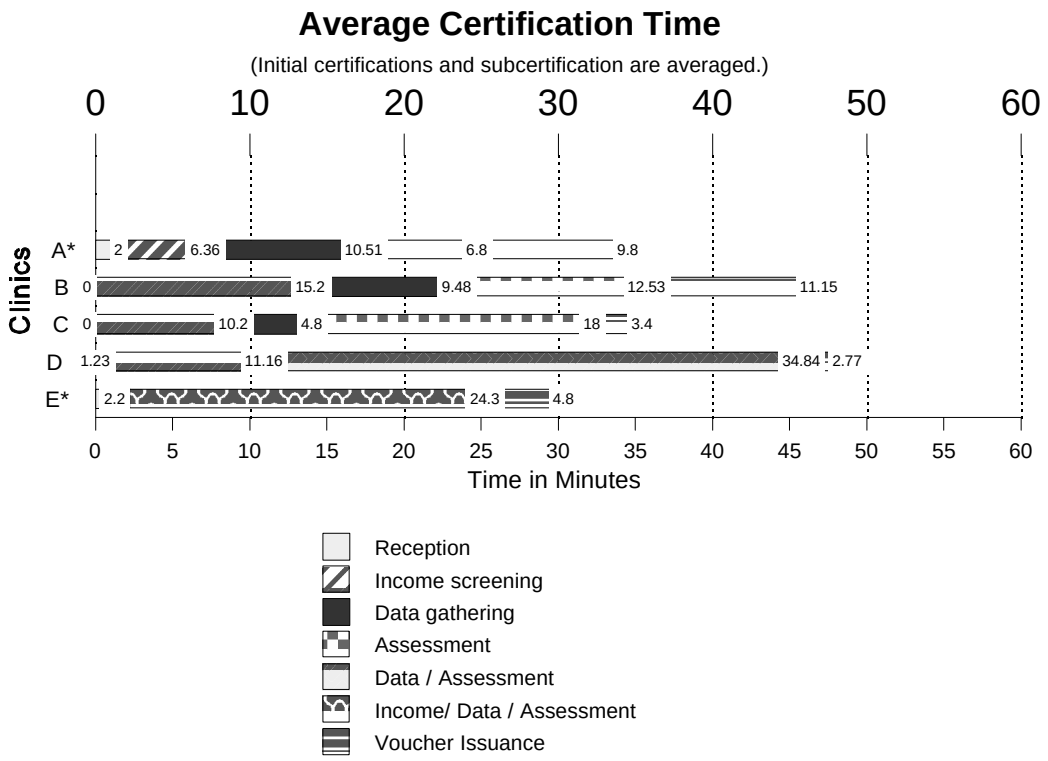
The bar graph on the next page gives an idea of times spent at the stops or stations in the five clinics that participants progress through to receive services. The bar graph represents the average amount of time participants spend at each stop in each of the 5 clinics. Each stop is coded and a legend of this coding is below the graph.

As indicated on the graph, a participant in clinic A spends 2 minutes at the receptionist stop, then moves on to spend 6.36 minutes at the income screening stop before going on to spend 10.51 minutes at the data gathering stop. The next stop is assessment which takes 6.8 minutes and the last stop is voucher issuance which takes an average of 9.8 minutes. This graph does not include the time a participant spends waiting.

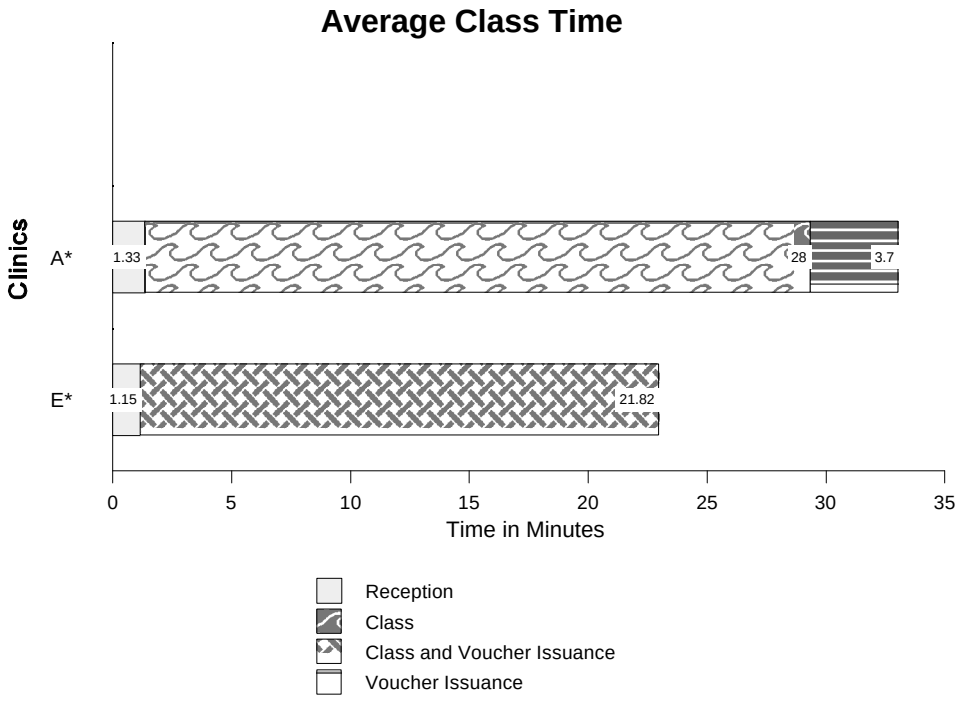
Clinic A and clinic E conduct classes while certifying participants. The information on class time is on page 18. A participant in Clinic A spends 1.33 minutes in reception, 28 minutes in class, and 3.7 minutes receiving vouchers. A participant in Clinic E spends 1.15 minutes at the reception area and 21.82 minutes in class and voucher issuance.

What is evident from the graphs is that:

1. Clinics have various ways to collect data and assess it. Some combine the two into one step. One clinic even combines that step with income screening.
2. Just time alone will not show either efficiency, effectiveness, or customer satisfaction. Although Clinic C balanced percentage of participant time spent with staff and percentage of staff time spent with participants most effectively according to Table 1, clients spent longer total average times in this clinic than in Clinic E, where percentage of personnel time spent with participants noted in Table 1 indicates that this clinic is not using staff as effectively as it could according to recommended PFA percentages.

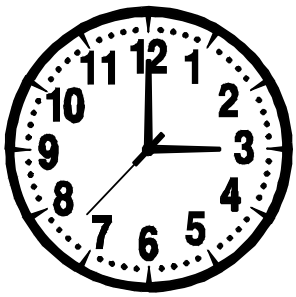


*This clinic conducted classes too.



This clinic conducted certifications too.

How Do Participants Arrive to the Five Clinics?



The table below provides information about when participants arrive at the clinic and compares that to their appointment time. What can arrival patterns tell? Usually, arrival patterns will tell you whether or not your clinic enforces an appointment policy. When participants arrive on time, patient flow is more manageable. Also, clinics that stress the importance of arriving at appointment times usually have higher show rates. This is illustrated in the table below. In Clinic C, 100% of the participants arrive on time and the show rate is 100% whereas in clinics A, B, D, and E, participants arrive farther away from "on time" and the show rates are all between 70% and 76%.

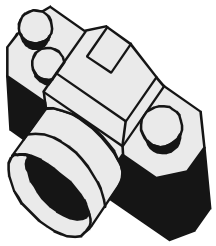
In the final section of this manual, clinic management guidelines for Working Smarter, arrival times and show rates are discussed in more detail (pages 36-38).

Table 3: Arrival Patterns

Local Agency	> 45 minutes early	16-45 minutes early	± 15 minutes on time	16-45 minutes late	> 45 minutes late	Total appts	Show rate
A		22%	70%	7%	1%	97	76%
B	3%	23%	69%		6%	35	70%
C			100%			13	100%
D	4%	12%	58%	27%		26	76%
E		11%	89%			47	73%

Chapter 2:

Candid PFA Data from Additional Clinics



Focusing on Initial Certification Times

The pie chart on page 22 represents average times participants spent at each station during an **initial certification** visit, based on PFA data collected at 9 different WIC clinics. The stations include income screening, data gathering (obtaining anthropometric data and anemia screening), assessment (includes counseling), and voucher issuance. The information provided here includes only the time participants spent in contact with the clinic personnel.

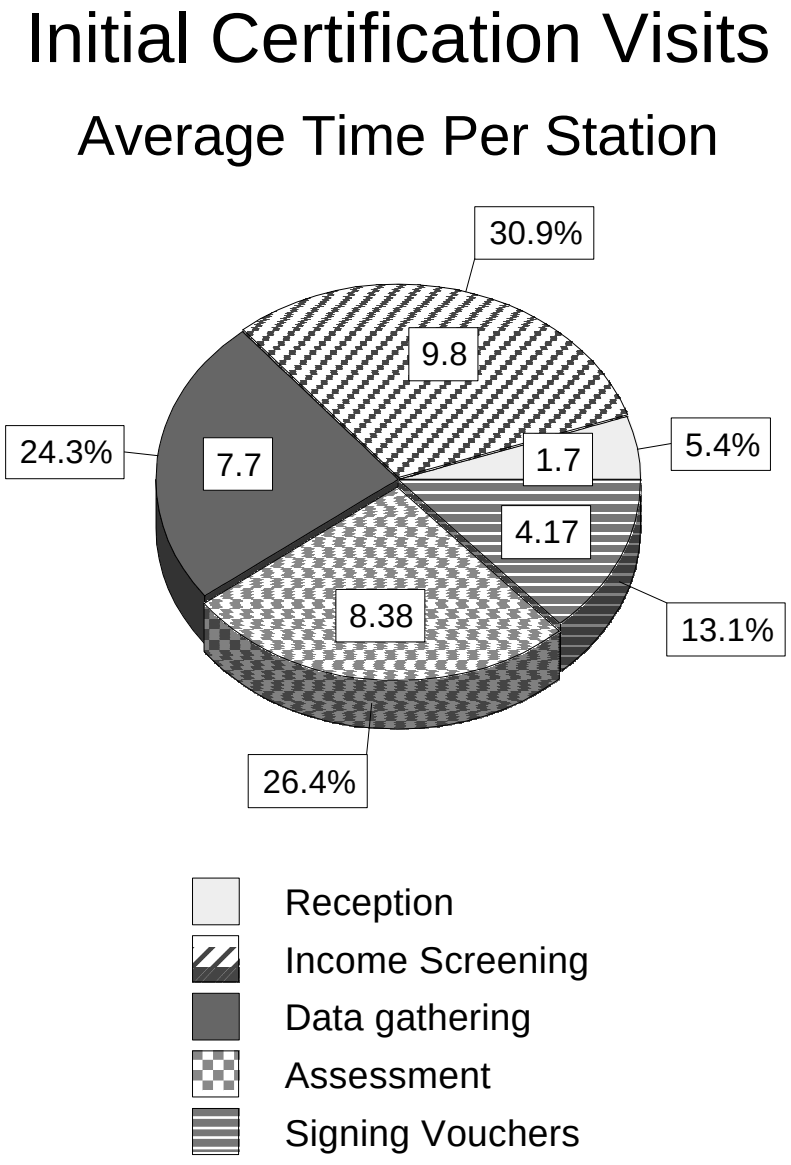
A participant spends an average of 1.7 minutes in these 9 clinics at the reception stop. The participant then moves to income screening (9.8 minutes) before going on to the data gathering station which takes an average of 7.7 minutes. The participant stops next at the assessment station for 8.38 minutes and finally to voucher issuance for 4.17 minutes. Total average initial certification time of 31.75 minutes is spent in face-to-face contact with staff.

During an initial certification visit, 30.9% of the service time is spent screening income, 24.3% is spent in data gathering, 26.4% is spent on assessment and counseling, and 13.1% is spent receiving and signing vouchers.

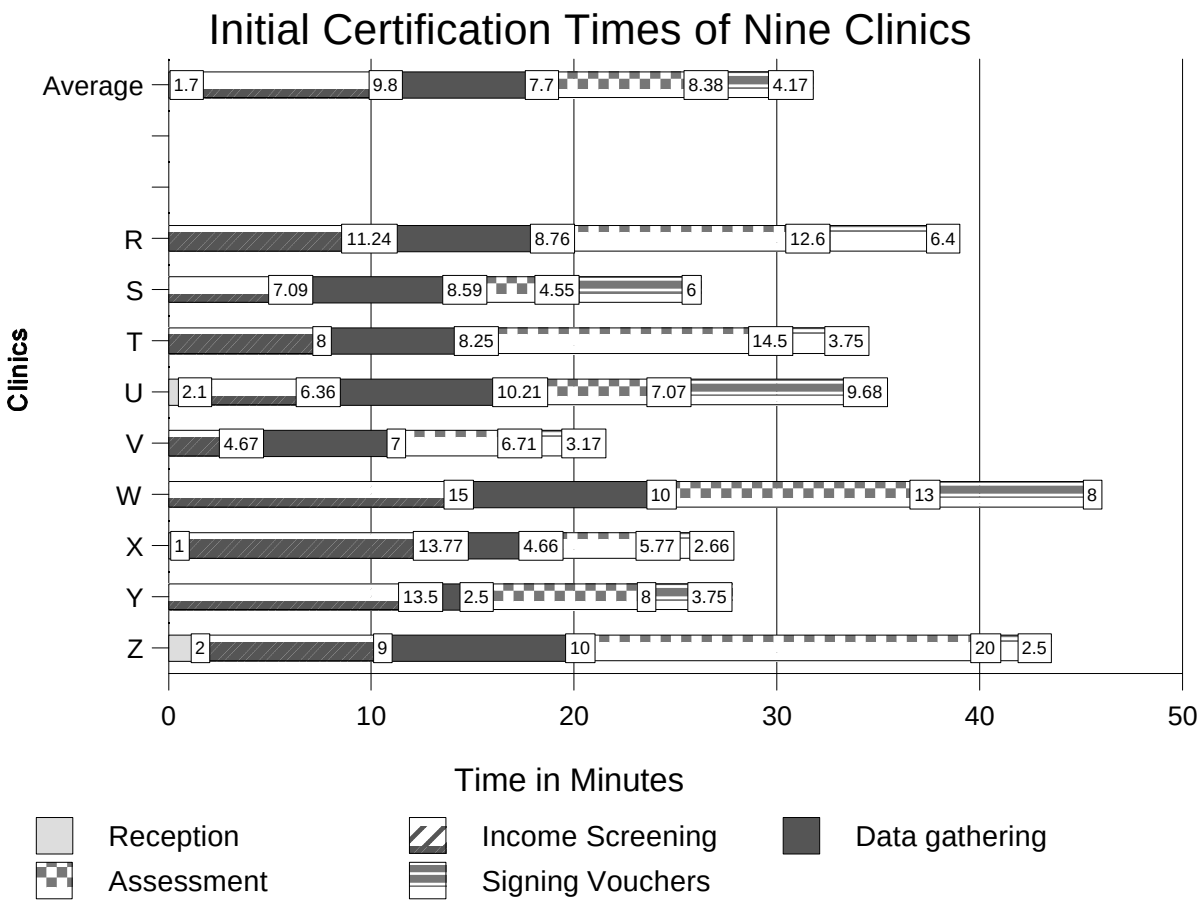
Individual clinic station times for each of the nine clinics used in the averages is provided on page 23. The average of the nine clinics depicted in the pie chart is indicated in the top bar graph and the times of each clinic are below. No one clinic is more correct than another. Although all clinics are providing the same service, the amount of time a participant spends at each station varies. Remember that with PFA data collection procedures, only quantity is measured– not quality.

The data confirms that every Texas WIC clinic operates differently. The same service is being delivered; however, station times vary from clinic to clinic. While no one clinic is more correct than another, this information may be helpful to you when comparing average initial certification times of these

clinics to your own. The longest initial certification from this sample took more than 40 minutes. The shortest took less than 22 minutes. How does your clinic compare?



Task times from nine clinics were averaged in this pie graph. The numbers represent minutes.


Initial Certification Times of Nine Clinics
Average
R
S
T
U
V
W
X
Y
Z
Clinics
1.7
9.8
7.7
8.38
4.17
11.24
8.76
12.6
6.4
7.09
8.59
4.55
6
8
8.25
14.5
3.75
2.1
6.36
10.21
7.07
9.68
4.67
7
6.71
3.17
15
10
13
8
1
13.77
4.66
5.77
2.66
13.5
2.5
8
3.75
2
9
10
20
2.5
0
10
20
30
40
50
Time in Minutes
Reception
Income Screening
Data gathering
Assessment
Signing Vouchers

Focusing on Subcertification Times

The pie chart on the next page illustrates the average time participants spent at each station during a **subcertification** visit based on PFA data collected at ten different WIC clinics. Times are listed in percentages on this chart and minutes in the graph on the next page. The tasks during subcertifications are income screening, data gathering (obtaining anthropometric data and anemia screening), assessment, and card issuance. The information provided here includes only the time participants spent in contact with clinic personnel.

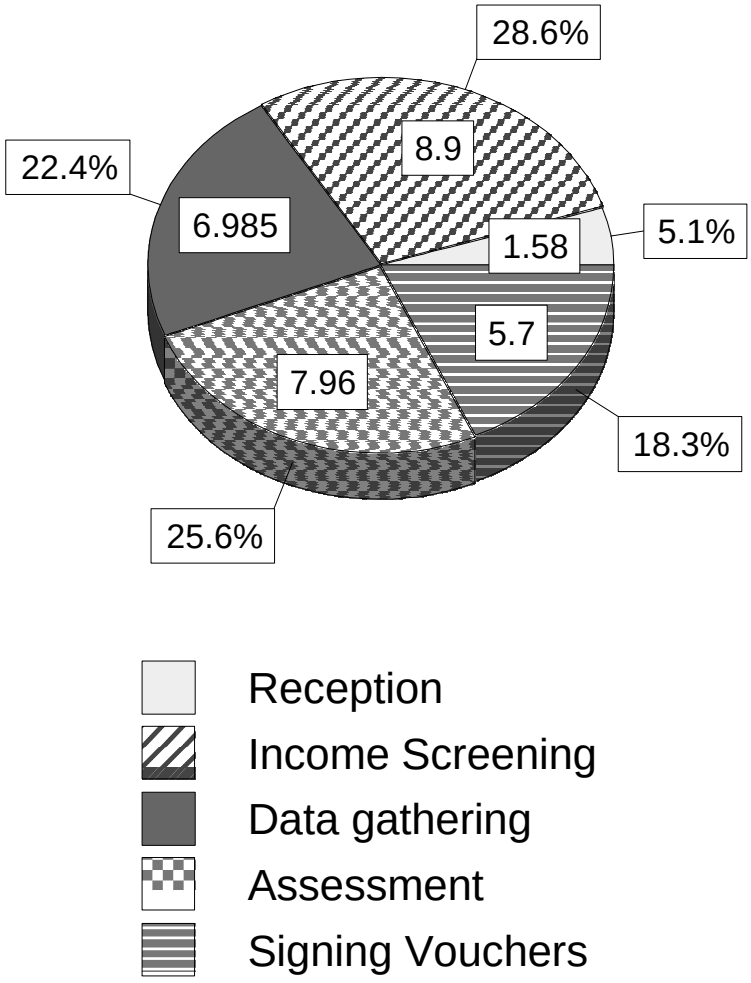
A participant spends an average of 1.58 minutes at the reception stop. The participant then spends an average of 8.9 minutes completing income screening before going on to the data gathering station which takes an average of 6.985 minutes. The participant then stops at the assessment station for 7.96 minutes and finally moves to the voucher issuance station for 5.7 minutes, for a total average subcertification time of 31.12 minutes spent in face-to-face contact with staff.

Station times for each of the ten clinics are provided on page 26. The average of the ten clinics is at the top of the bar graph and the times of each clinic are below. Again, there is not one clinic that is more correct than another. Although all clinics are providing the same service, the amount of time spent at each station varies.

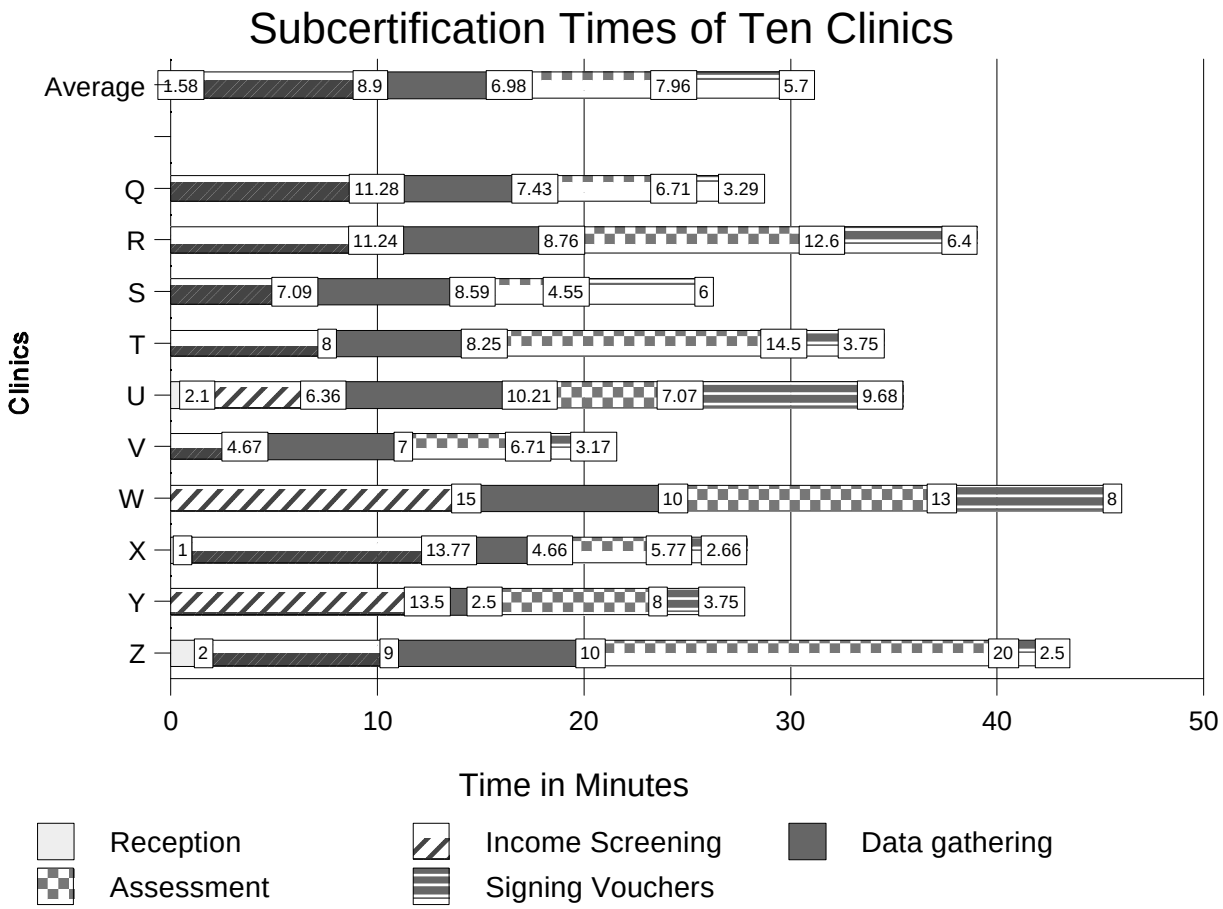
How do the times of a subcertification visit compare with the times of an initial certification? The average times a participant spent at reception, income screening, data gathering, and assessment were slightly less at subcertification than initial certification. On average, a participant spent 31.75 minutes receiving services for an initial appointment and 31.12 minutes for a subcertification appointment, making an initial certification .63 hundredth of a minute (about half a minute) longer on average than a subcertification. Voucher issuance required more time with a subcertification visit (5.7 minutes) than an initial visit (4.17 minutes).

Subcertification Visits

Average Time Per Station



Task times from ten clinics were averaged in this pie graph. The numbers represent minutes.


Subcertification Times of Ten Clinics
Clinics
Average
Q
R
S
T
U
V
W
X
Y
Z
1.58
8.9
6.98
7.96
5.7
11.28
7.43
6.71
3.29
11.24
8.76
12.6
6.4
7.09
8.59
4.55
6
8
8.25
14.5
3.75
2.1
6.36
10.21
7.07
9.68
4.67
7
6.71
3.17
15
10
13
8
1
13.77
4.66
5.77
2.66
13.5
2.5
8
3.75
2
9
10
20
2.5
0
10
20
30
40
50
Time in Minutes
Reception
Income Screening
Data gathering
Assessment
Signing Vouchers

Chapter 3:

Clinic Management Guidelines for Working Smarter

Scheduling Participants

One common characteristic found in these more effectively run WIC clinics is an appropriate scheduling system. Scheduling participants to come into a clinic at a comfortable pace throughout the day has a direct impact on participant waiting time and in maximizing resources, including staff time and facility usage. These clinics spread participants throughout the day in small intervals of either 10 or 15 minutes which results in a steady stream of participant arrivals. They do not take the "cattle call" or "gully washer approach" in which large numbers of people are scheduled at one time. Patient Flow Analysis (PFA) studies have clearly indicated that clinics who schedule large amounts of participants in a block of time have longer waiting times than clinics who evenly distribute participants throughout the day.

Disadvantages of large blocks of appointments

Puts a strain on the "clinic system"

Overcrowded noisy waiting room

Uneven work distribution

Stresses participants

Stresses clinic staff

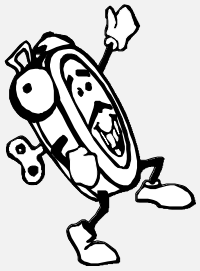
Requires more waiting room space

Confusion

When scheduling participants, the clinic staff needs to ask, "Can we get to all of the participants at the time we have them scheduled or will some of these participants have to wait?"

Some clinics justify scheduling a large amount of participants for the first appointment block because all clinic staff can help to complete the income screening. This may decrease the waiting time for the initial stop, but only creates a bottleneck later in the certification process when all staff

cannot assist in completing the later steps such as the nutrition assessment or nutrition counseling.



Steps on How to Set an Appropriate

Participant Arrival Pattern

1. List out all of the routine "stops" a participant passes through for a visit. For example, routine stops may be the receptionist, clerk, lab, assessment and counseling, and voucher issuance. These may vary by clinic.
2. List the time that participants spend at each "stop." (You will want to include the amount of time that it takes to complete paper work and look at the total amount of time that is usually required so that this is not overestimated.)
3. The "stop" that requires the most time (serving the least amount of participants) will become the number on which to base appointments. For example, if the data gathering step takes 10 minutes to complete weighing & measuring and bloodwork and all other steps require less time, then you will want to schedule 6 participants per hour. Remember when scheduling for nutrition counseling that not all family members are counseled (children and infants). You should base your scheduling on the actual number of persons receiving the service.
4. In setting this arrival pattern, you will want to consider the number of staff at each clinic "stop" as well as compensate for "no-shows." (Page 39)

Note: There are no secret numbers to share as to the number of participants to schedule or blocks of time to allow since each clinic is unique. What your clinic does depends on the amount of staff available. Keep in mind that each block should contain about the same number of participants unless you are considering that some of these participants will not show up. When larger amounts are scheduled and show up, bottleneck areas develop and unnecessary waiting is the end result.

Family Members

How do these clinics schedule families?
Some techniques used are listed below:

Allow extra time for certifying a family by giving the family 2 appointment blocks or scheduling a single applicant/participant following a large family.

Consider the types of participants. Adding a baby onto the program may not take as long; therefore, more participants may be scheduled in the block.

Document the number of family members that will be certified in the appointment block to avoid too many large families in one appointment block or to avoid too many large families in succession.

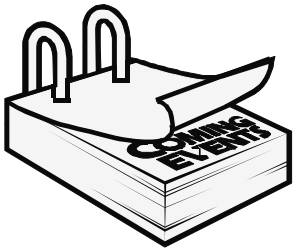
Multiplying the number of family members by the time required for one participant may be an overestimate of the actual time needed. Remember that some of the information is not duplicated for each participant.

If utilizing several appointment blocks, give all family members the same appointment time. For example, rather than splitting up a family of 4 with 2 scheduled in one block of time and the other 2 in the following block of time, schedule all 4 in the first block of time and block out the next appointment slot.

How do you know if your scheduling system is working effectively and efficiently? The objective approach is to conduct a Patient Flow Analysis survey. Look at the numbers of participants scheduled in a block of time and the staff available to serve them. If there are significant numbers of participants in some of the blocks, staff should shift these participants into other blocks so that they are evenly dispersed.

Look to see if many lengthy participant waiting times exist. Try to determine the cause for the lengthy wait times. If scheduling too many participants at the same time is the problem, reduce the number and reschedule in smaller blocks of times more evenly spaced throughout the day. Consider the time required for each clinic “stop” and consider all family members. These methods can enhance customer friendly service while maintaining or improving the quality of nutrition services.

Appointment Systems



Some clinics follow appointment systems closely. The appointment system is honored so that walk-in participants do not take precedence over participants who are scheduled. Clinics that enforce an appointment policy have higher show rates than clinics that allow walk-ins to take precedence or clinics that ignore appointment times and see participants on a first-come first-served basis. These procedures should be well publicized to the participants. Clinic C on page 19 served participants by appointment time and had a 100% show rate while clinic E served participants by arrival time rather than appointment time and had a 73% show rate. If appointment times are not honored by a clinic system, there is no incentive for the WIC applicants/participants to keep them.

What is an appointment? It is an agreement to meet at a specified time and place. Serving participants at their appointed time conveys the message that the participant's needs are important. Serving walk-in participants before appointed participants can send the message that appointments are not important.

Why Does a Clinic Need An Appointment System?

Enables clinic to organize clinic and staff time so that participant waiting time is minimized. (Arrival times are predictable; therefore, it allows clinic staff to have control over the flow)

Allows clinic to match participants with providers to meet special needs.

Reduces the number of stops a patient must make.

Ensures the participant is ready when the provider is ready.

What are some ground rules for an appointment system?

Structure

- Must be well structured and all staff should comply with the policy and procedure with few exceptions
- The structure, policy and procedure should be in written form and available to all staff.
- The procedures should be well publicized to the participants.

How

- Participants should be encouraged to call to make an appointment or to cancel.
- Appointments should not be scheduled more than two weeks away (no-shows increase after that).
- If appointments must be made more than two weeks away, reminders should be sent to the participant (postcards or telephone calls)

When they come

- Serve as closely as possible to their appointment time.
- Consider participants "on time" if they arrive + or – 15 minutes of their appointment (You may use a different time interval)
- A participant who arrives more than 15 minutes early should not be served until within 15 minutes of the appointment time.
- Participants who are more than 15 minutes late for their appointment should be treated like walk-ins. (They should be given a choice to reschedule or wait.)
- At all stations, participants should be served in order. If more than one participant has the same appointment time, the participant with the earliest arrival time should be seen first. One clerical method to help staff serve by appointment time is to attach a small slip of paper that has the participant's arrival time and appointment time to the participant's chart. Another method is to attach numbers to charts based on the participants' appointment times.

Walk-ins

- Include a certain number of slots each day to accommodate walk-ins.
- If a participant walks in for service without an appointment, he/she should be given an appointment for the earliest possible time. If no appointment is available for the current day and the applicant is in dire need, provide information on other sources of food assistance.
- Serve walk-ins after participants with appointments (at each station).

THE ONLY EXCEPTION TO THESE GROUND RULES IS AN EMERGENCY SITUATION.

What key factors make an appointment system work?

Management and staff control

Management and staff support

Good clerical procedures

Clinic staff punctuality

Participant punctuality

Example #1:

WIC Appointment Policy

- Clients will be served as closely as possible to their appointment time.
- At all stations, clients are served in appointment order. If more than one client has the same appointment time, the client with the earliest arrival time will be served first.
- At all stations, "walk-ins" will be served after clients with appointments, if an appointment time is available.

For Certification Appointments:

Clients who are more than ____ minutes late for their appointments will be given the option of rescheduling their appointment for another time or day. They may also choose to wait at the clinic and be considered as "walk-ins" and will be served if a later appointment is available.

For Class Appointment:

Clients who are more than ____ minutes late for their appointments will be given the option of rescheduling their appointment for another time (if space permits) or day. To help ensure high quality nutrition education for other clients, there will not be any interruptions once the class has begun.

The use of this policy helps clinic operations run more smoothly so you and other clients we serve can have a pleasant WIC visit.

For additional information, you may ask any WIC staff member or call _____, WIC Director, at _____.

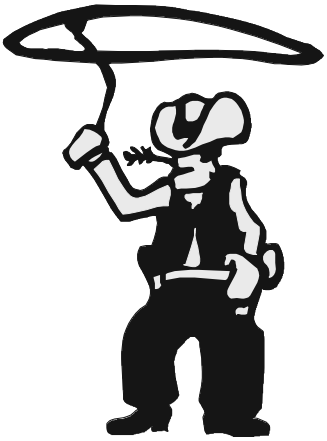
Example #2:

Appointment Policy

In order to serve you better:

1. Participants will be seen according to an appointment schedule. Therefore, it is very important that you arrive as close to your appointment time as possible.
2. If you are more than ____ minutes early, you will not be seen until your appointment time unless a cancellation occurs.
3. If you are more than 15 minutes late, you may either be rescheduled or, if time permits, be worked in as a walk-in.
4. If an emergency arises which will cause you to be late for your appointment, notifying the clinic as soon as possible may enable the clinic to allow special consideration in seeing you.
5. If you must reschedule your appointment, call as soon as possible.
6. Appointments may be made at any time by telephone or clinic visit.

Reducing No Shows– Tips and techniques



One of the reasons WIC participants forget their appointment is because they are scheduled two to three months in advance since food vouchers are double or triple issued. Studies have shown that the less time interval between when an appointment is made and the actual appointment, the greater the show rate. If appointments are made 2 weeks or more in advance, clinics should call participants or send reminder cards. Although this calling and postage is costly, it is more costly for the clinic staff to be available with few participants to serve. One clinic that started to call participants the day before their appointments saw a 3.7% decrease in no-shows or 436 participants per month. The following list was compiled by local agencies and includes other ways to increase the show-rate. A clinic may want to employ more than one reminder strategy.

Reminders

- Have participants address their own reminder cards, organize by appointment date and mail on the appropriate date.

  Make phone calls (put two phone numbers by the appointment)
- Use utility bill inserts in monthly billings
- Give out appointment reminders (stickers they can put on WIC calendars)
- Put reminder inserts in food vouchers.
- Send out birthday cards to all participants celebrating their first birthday with a reminder that they are still eligible for WIC.

Participant Orientation/Education

- Educate participants about the appointment policy
- Emphasize the importance of keeping appointments and the nutrition value of WIC foods.
- Tell participants to send a proxy if they can't keep their appointment.

Participant Choices

- Give applicants a choice of appointment times (day of week, time of month, or part of the day)
- Conduct surveys to find out what the best times are for providing service
- Provide extended hours
- Emphasize the importance of keeping appointments and the nutrition value of WIC foods.

More Tips and Techniques on Increasing the Show-Rate

Incentives

- ➤ Enforce the appointment policy. This gives participants an incentive to keep them.
- ➤ Service participants by appointment time rather than arrival times.
- ➤ Start class on time.
- ➤ Give incentives/prizes– *i.e.*, "participant of the month"
- ➤ Hold a raffle for prizes for those who keep appointments.
- ➤ Provide more creative classes
- ➤ Praise participants who arrive on time.

Scheduling Strategies

- ➤ Schedule participants who have transportation problems at the same time as friends or relatives on WIC.
- ➤ Over book according to the no-show rate.
- ➤ Consider the school and community calendars when scheduling.

Streamline Clinic Operations

Have participants call for appointments (don't schedule appointments two months in advance)

- ➤ Distribute the appointments equally throughout the month

Other

- ➤ Open additional clinics in their community or on bus lines.
- ➤ Provide transportation

Scheduling Formula

After increasing the show rate to a consistent level, staff may want to consider using an over booking formula which compensates for no shows. The scheduling formula is designed so that the clinic will not be under booked.

$$\frac{\textit{Number of desired appointments}}{\textit{Show rate (\% converted into decimal point)}} = \textit{Number of appointments you should schedule}$$

Show rate = 100% – no show rate

Example #1:

# of Desired Appointments = 20

No-Show Rate = 20%

STEP 1: Figure the show rate.

100% – no-show rate

100% – 20% = 80%

STEP 2: Convert show rate % to decimal by dropping the % and moving the decimal to the left two places.

80% = **.80**

STEP 3: You are now ready to use the formula. Divide the number of desired appointments by the show rate decimal.

20 ÷ .80 = **25**

25 participants should be scheduled.

Example #2:

What if the No-Show Rate is 40%?

STEP 1: Figure the show rate.

100% – no-show rate

100% – 40% = 60%

STEP 2: Convert show rate % to decimal by dropping the % and moving the decimal to the left two places.

60% = **.60**

STEP 3: You are now ready to use the formula. Divide the number of desired appointments by the show rate decimal.

20 ÷ .60 = **34**

34 participants should be scheduled.

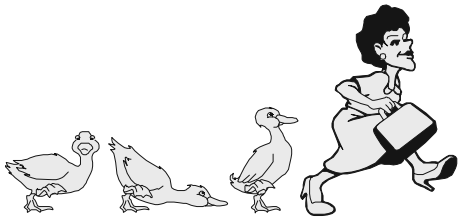
Caution: What if all 34 show up? It may stress the system.

High no-show rate percentages need to come down before using this formula so that the results will be more accurate or predictable. Decrease the no-show rate to a number your staff feels comfortable with. It could cause considerable stress on staff and participants if everyone shows up and staff cannot serve all participants.

This information can be looked at by the day of the week, type of participant, time of the day, or time of the month, as the rates may differ. After determining the no-show rates, adjust for these in the appointment system. For example, if a clinic wants 8 participants to arrive in an hour, and they expect 80 percent to "show" (20% no-show rate) they would schedule 10 appointments per hour.

8 participants per hour = 10 appointments @ .80 show rate

Time and Energy Management Tips



Many techniques and procedures used by local agencies have proven to save time and energy. The tips listed here could help bring order in the clinic while delivering better customer service.

Complete Preparation Work

Pull charts before applicants/participants arrive. Allow time at the end of each day to pull records for the next day's appointments.

Make folders for applicants ahead of time. Instead of pulling all of the necessary forms for an initial certification at the appointment time, these can be collated before the applicant arrives.

Prepare folders with necessary forms before participants arrive

Organize Your Clinic and Work Areas

Have drop boxes easily accessible to each task area (the income screening area, C.P.A.'s area, lab area, food voucher processing area).

Have designated places to put charts so that staff know the applicant is ready for the next step of the certification/eligibility process.

Have drop boxes clearly visible to your staff and checked often.

Clearly mark areas in the building so that applicants know where to go. This can be done with signs or graphics such as arrows or feet.

Store items at their point of use. (*i.e.*, Records are more convenient when stored in the receptionist's area rather than having the

receptionist to walk to another room.)

Store frequently used items in the normal work area where they are easily accessible. The normal work area is the area that is closest to you which uses the hand and forearm (from the elbow down) and does not require the upper arm or body.

Store less frequently used items in the maximum work area. The maximum work area is the area around you that requires you to use the full arm from the shoulder. The maximum work area does not require you to use your shoulder muscles or other parts of the body which will reduce the amount of reaching and require less energy.

Rarely used items should be stored somewhere besides the normal and maximum work area. Extra large quantities of pamphlets and forms should be stored somewhere else besides the normal or maximum working area.

Dovetail Your Work

When you complete two or more tasks at a time, you are dovetailing.

While you are waiting for participants to take off shoes and clothes, use this time to gather the medical history, talk about the benefits of breast feeding, or score the diet recall.

Applicants can give staff all of their income information so that the income form can be completed while applicants jot down their previous day's food intake.

Schedule Clinic Tasks Simultaneously

Prepare food vouchers while the CPA is conducting individual counseling. The C.P.A. can pass a participant's chart to the data entry clerk immediately after completing the assessment. By using this procedure, vouchers are ready for issuance

immediately after counseling is completed.

New participants can read a set of individualized instructions or listen to a video explaining use of the food vouchers while their vouchers are being processed by staff.

Facility Layout

A facility's layout can enhance the flow of participants through a clinic and affect customer-service perceptions during a WIC appointment. Literature and observation using patient-flow analysis data have determined the influence of layout.

Reception and Waiting Area

Participants receive their first impression of a clinic from the reception and waiting area. Its appearance may indicate the care they expect to receive. The reception desk should be positioned so that clinic staff are quick to see participants enter. Waiting in a crowded, unattractive room can depress and disgruntle even the best participant. The waiting area should be attractive, organized, and inviting. Sometimes simply rearranging chairs in a waiting area can create a more pleasant environment. Arrange chairs so that participants can choose to sit alone or in comfortable groups. Pictures, posters, or plants can bring a more homelike atmosphere.

Clinics that provide a receiving area where participants can sign in when they are greeted by a staff person tend not only to be more organized and efficient, but also to give a good first impression to the participant. Clinics that have efficient and effective results on their PFA studies all have participant sign-in sheets used on a daily basis.

Sub-waiting Areas

Some clinics provide sub-waiting areas. If possible, the classroom or a wide hallway can be used as a sub-waiting area for specific participants, such as those waiting to be assessed or waiting to receive food vouchers. The use of sub-waiting areas helps to eliminate having a crowded single waiting area that can present an overcrowded and noisy first impression for

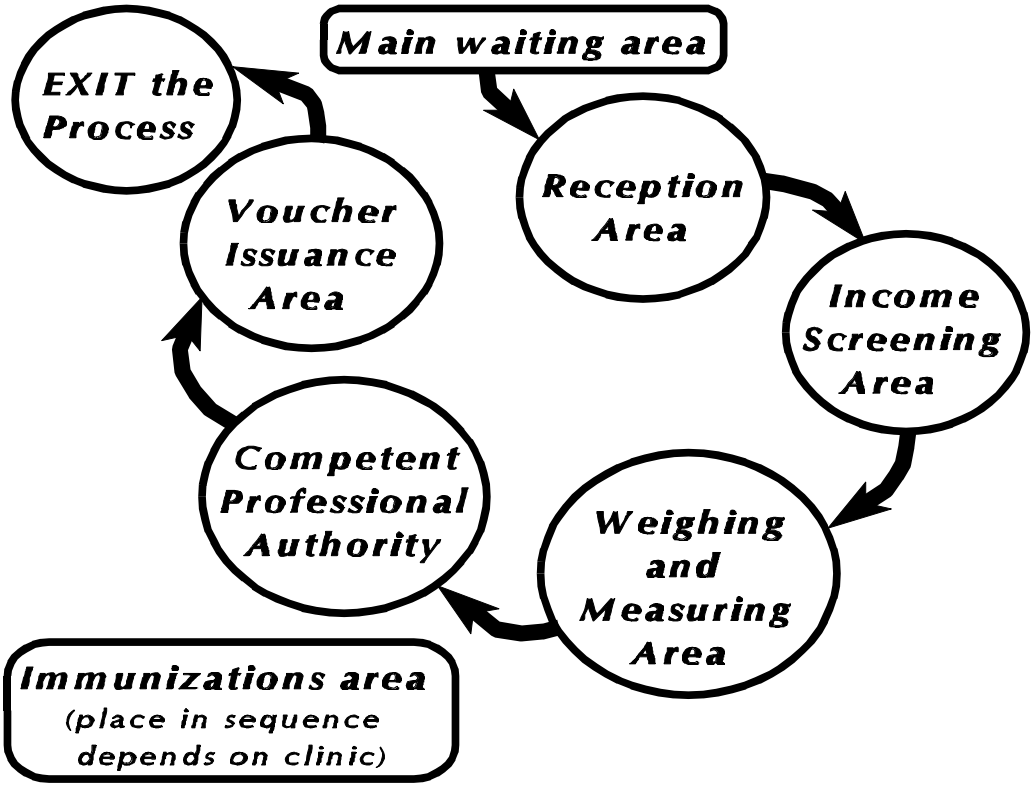
participants.

Work Flow

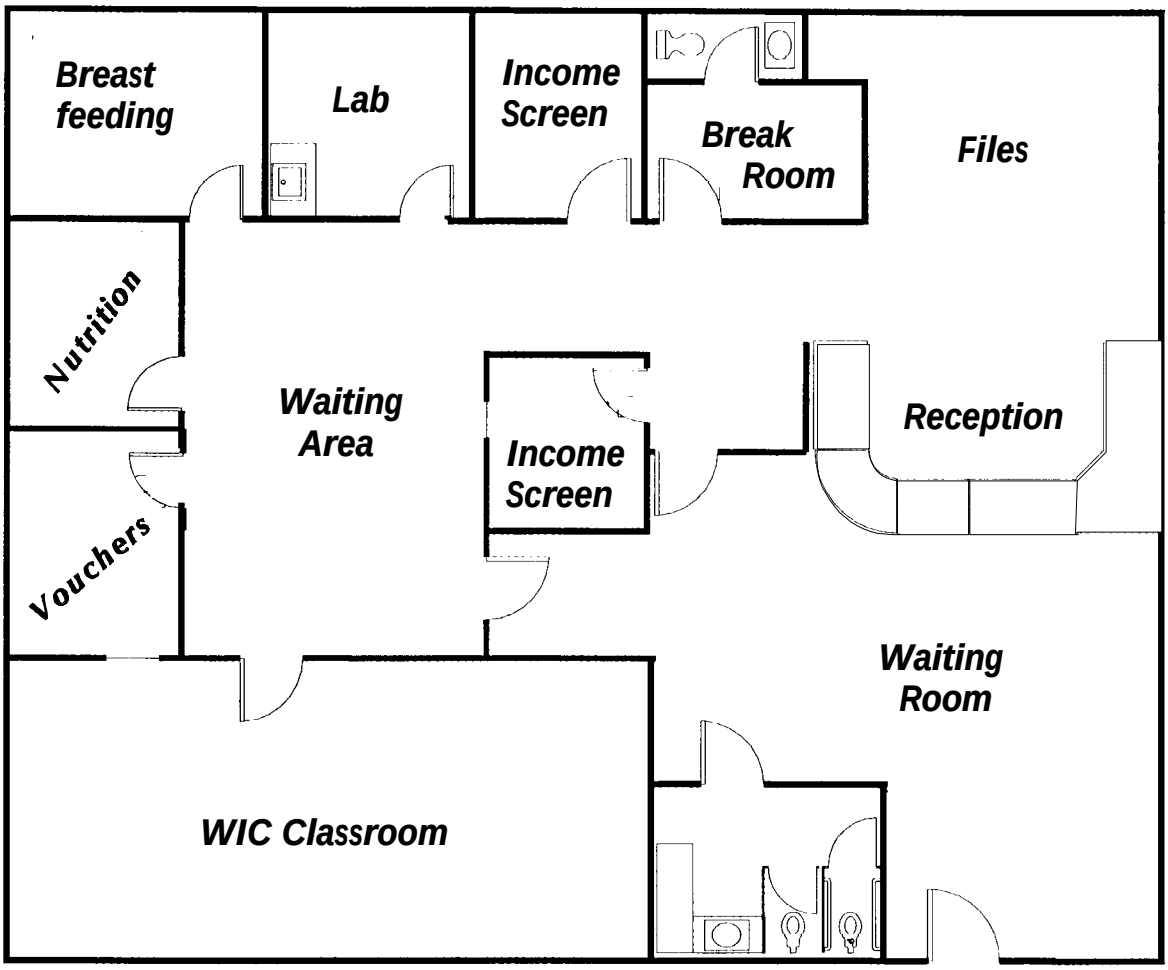
What did layouts of efficient and effective clinics have in common? They have work stations that are arranged in a circular flow pattern.

Staff are arranged according to the steps in the certification process. This pattern shows the same arrangement as the flow of paperwork, greatly reducing the amount of paper handling, traveling, and delay. A circular work flow provides energy efficient measures for staff because it reduces walking distances between each step of the certification process and thus saves time.

The work-flow path should not backtrack or cross itself. The diagram below illustrates the circular-flow pattern for WIC clinics. The pattern may vary from clinic to clinic if the steps in the certification process are different.



The diagram that follows is an actual clinic floor plan with circular work flow patterns and sub-waiting areas defined.



Layout Observations

The following observations were made in efficiently arranged clinics:

Reception area doubles as the income screening area or the income screening area is next to the receptionist area. Applicants are screened away from the waiting room or in an interviewing booth or cubicle.

The work area for the certified professional authority is adjacent to the voucher issuance area, which is next to or close to participants waiting for food vouchers.

The income-screening area and voucher-preparation area are in close proximity.

Computers are centrally located with easy access to the CPA and the voucher-issuance area.

Clinics do not have long hallways that can impede communication among staff members.

Small computer tables or small desks are used rather than large ones to save space.

The area used to issue food vouchers is separate from the reception area or does not serve as the reception or receiving area for participants.

Note: You may not have control of the design of the space you are in, but you may be able to rearrange work areas to make them more efficient.

Space – How Much is Enough?

Good space utilization does not necessarily mean having the least amount of space possible to provide services. Although this could save in rental costs, too little space can hamper staff's efficiency which can affect services provided to participants. Likewise, too much space can interfere with communication between staff which may also affect services provided to participants.

When deciding whether a clinic needs more space, conduct a PFA study. Don't just assume that what looks crowded at times can be fixed only with more space. Is there a scheduling problem? Scheduling a large amount of participants in a small amount of time rather than evenly distributing the participants throughout the day will increase the need for more square footage. Consider ways to improve the utilization of the building. Collect data on hours of use and attendance for meeting spaces. To maximize building use, stagger lunches, triple issue food vouchers, or extend hours to evenings or weekends. Make sure appointments are evenly distributed throughout the day, week, and month. Encourage participants to keep their appointments at the scheduled times.

The following should be considered when looking at facilities:

1. ***Activity***– Space that allows for confidentiality in conducting certifications and immunizations. Room for conducting nutrition education classes.
2. ***People***– Space for staff and participants that will be certified, receive immunizations or attend classes.
3. ***Equipment***– Some examples include the space for computers, telephones, refrigerator, scales and measuring equipment, and office equipment.
4. ***Schedule***– The number of participants, staff available, and space are factors that determine if certifications and classes can be conducted simultaneously. The number of participants scheduled for a class will determine the size of classroom needed. If participants are evenly distributed for certification appointments, less space is required.

Some recommended amounts of space are as follows:

Activity	
Space	**Amount of Recommended Space**
Office Space	80 - 100 square feet per office
Filing area	10 - 15 square feet per file cabinet
Lab Area	100 square feet
Reception area	400 square feet
Conference/classroom	
▸ (1-8 persons)	25 square feet per person
▸ (8-20 persons)	20 square feet per person
▸ (20-40 persons)	18 square feet per person

People	
Space	**Amount of Recommended Space**
Office Space	80 - 100 square feet per office
Reception area	400 square feet
Waiting area	200 square feet (based on 15 people) plus 10 square feet for each additional person to be provided for.
Hallways	10% of total space
Conference/classroom	
▸ (1-8 persons)	25 square feet per person
▸ (8-20 persons)	20 square feet per person
▸ (20-40 persons)	18 square feet per person

Equipment	
Space	**Amount of Recommended Space**
Filing area	10 - 15 square feet per file cabinet
Lab Area	100 square feet
Storage	5% of total space

Schedule	
Space	**Amount of Recommended Space**
Waiting area	200 square feet (based on 15 people) plus 10 square feet for each additional person to be provided for.
Conference/classroom	
▸ (1-8 persons)	25 square feet per person
▸ (8-20 persons)	20 square feet per person
▸ (20-40 persons)	18 square feet per person

Using these recommended space allowances should help when redistributing space or planning a clinic. These should be used along with the facility layout information on pages 45-47.

Summary

You have now completed *Focusing on Patient Flow Analysis: A Candid Look at Managing WIC Clinics*. Hopefully this will generate ideas and encourage you to conduct a PFA study.

While not all clinics are alike, efficient and effective ones:

1. Have a balance between participants' time in the clinic with staff time rendering services.
2. Have wait times less that 15 minutes between stops.
3. Keep participants in the clinic no longer than 90 minutes.
4. Do not allow participants to spend more than 50% of their time in the clinic waiting for services.
5. Have an effective appointment system.
6. Have a low no-show rate.
7. Use techniques and procedures to save time and energy.
8. Have a facility layout which enhances participant flow.

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Congratulations!

You have now completed the ***Focusing on Patient Flow Analysis: A Candid Look at Managing WIC Clinics*** Guide. You should refer to the Guide when questions or problems arise.

Our goal in producing this manual was to provide a quick and easy reference guide for you to help you provide the superior service which is typical of the service excellence being sought in WIC clinics across Texas. This commitment to delivering superior service shows every day as you screen and qualify applicants for WIC benefits and then deliver those benefits in an efficient and effective manner, one which confirms your dedication to WIC goals.

Remember that the journey to service excellence follows a long and winding road. It is a trip which never ends and is not always easy. Things like keeping up with current policy, answering the ringing telephone, and dealing with upset customers can make the trip seem difficult. But the bumps and curves in the road only keep the ride interesting.

Bon Voyage!